

SUMMARY FORMCOLLECTIVE BARGAINING AGREEMENT
PUBLIC SECTOR / NON-POLICE & NON-FIRE

Section I: Agreement Details

Public Employer: Borough of Franklin County: Sussex
 Employee Organization: Public Works Department Employees In Unit: 9
 Base Year Contract Term: 1/1/2014 12/31/2015 New Contract Term 1/1/2016 12/31/2017
 Type of Settlement: Mediated Settlement Fact-Finder Recommendation Voluntary Settlement Super Conciliation

| | | Column A Base Year - Total Costs (Last Year of Previous agreement) | Column B New Base Year - Total Costs (First Year of Successor agreement) |
|---|------------------|--|--|
| Item 1 | Salary | \$321,894 | \$444,312 |
| Item 2 | Increment | \$6,438 | \$8,886 |
| Item 3 | Loyalty | \$22,760 | \$17,768 |
| Item 4 ..... | ..... | ..... | ..... |
| Item 5 ..... | ..... | ..... | ..... |
| Item 6 ..... | ..... | ..... | ..... |
| Item 7 ..... | ..... | ..... | ..... |
| Item 8 ..... | ..... | ..... | ..... |
| Item 9 ..... | ..... | ..... | ..... |
| Item 10 ..... | ..... | ..... | ..... |
| Item 11 ..... | ..... | ..... | ..... |
| Item 12 ..... | ..... | ..... | ..... |
| Any additional item later separate sheet | Additional Items | ..... | ..... |
| Section III: Totals - sum of costs in each column | | \$351,092 (Total) | \$470,966 (Total) |

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSISTotal Base Year (previous agreement) \$351,092

| | | | | | | |
|---|------------------|------------------|-------|-------|-------|-------|
| Effective Date (mm/yyyy) | <u>1/1/2016</u> | <u>1/1/2017</u> | ..... | ..... | ..... | ..... |
| Percent increase | <u>2%</u> | <u>2%</u> | ..... | ..... | ..... | ..... |
| Total cost of increase | <u>\$26,654</u> | <u>\$27,187</u> | ..... | ..... | ..... | ..... |
| Total base salary (successor agreement) | <u>\$470,966</u> | <u>\$480,385</u> | ..... | ..... | ..... | ..... |

Section V: Impact of Settlement - average annual increase over term of agreement

Percentage Impact (average per year over term of agreement) 2.00Dollar Impact (average per year over term of agreement) \$26,921.00

Section VI

Health Insurance (Indicate costs associated on each line)

| | Base Year | Year 1 | ..... | ..... | ..... | ..... |
|------------------------------|------------------|------------------|------------------|-------|-------|-------|
| Cost of Health Plan | <u>\$111,486</u> | <u>\$196,544</u> | <u>\$214,233</u> | ..... | ..... | ..... |
| Employee Contributions | <u>\$13,701</u> | <u>\$25,661</u> | <u>\$26,161</u> | ..... | ..... | ..... |
| Prescription ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| Dental ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| Vision ..... | ..... | ..... | ..... | ..... | ..... | ..... |

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.

Section VII

Prepared by: Monica B. Miebach Title: CMFO/QPA
 Print Name: Monica B. Miebach Date: 3/30/2016
 Signature: Monica B. Miebach